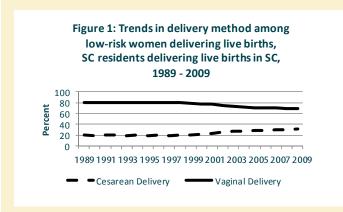
At A Glance: Cesarean Delivery In South Carolina

Maternal and Child Health Bureau and Office of Public Health Statistics and Information Systems

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Cesarean delivery (also known as cesarean section) is the extraction of an infant through an incision in the mother's abdominal and uterine walls. It is the most common major surgery done in the U.S., with more than 1.4 million occurring each year. Nationwide, the overall cesarean rate increased from 21% in 1996 to 32% in 2007, the highest rate ever reported. Though a cesarean can be a life-saving operation, the World Health Organization has found that cesarean delivery rates exceeding 15% do not offer additional population health benefits. Rather, cesarean rates over 15% result in more surgical complications, longer hospital stays, longer recovery times, and higher medical costs. Reducing cesarean deliveries among low-risk women giving birth for the first time to 15%, and reducing repeat cesareans for low-risk women to 63% are Healthy People 2010 goals. All results presented below are restricted to South Carolina (SC) resident women delivering live births in SC.



- The prevalence of cesarean delivery among low-risk deliveries (singleton, ≥37 weeks gestation, and non-breech presentation) was steady around 20% from 1989-1999. From 1999 to 2009, the prevalence of cesarean delivery in this population steadily increased from 20.6% to 31.4% (Figure 1).
- Among low-risk women giving birth for the first time in 2009, 31.2% delivered via cesarean. This is more than twice the Healthy People 2010 goal of 15%.
- Among low-risk women with a previous cesarean delivery, 91.1% had a repeat cesarean delivery in 2009. This is well above the Healthy People 2010 goal of 63%.
- Controlling for other factors*, women that were underweight, overweight, obese, or had education beyond high school had greater odds of having a cesarean delivery.
- Controlling for other factors*, women 19 years of age or less had lower odds of having a cesarean delivery.

*Factors adjusted for include mother's pre-pregnancy body mass index, age, education, race, adequacy of prenatal care utilization, pregnancy intendedness, Medicaid status, gestational hypertension or diabetes, gestational age, breastfeeding initiation, NICU admission, and length of infant hospital stay.



- There were no significant differences in Medicaid status, breastfeeding initiation, maternal postpartum depression symptoms, or well-baby checkups between mothers that delivered by cesarean and mothers that delivered vaginally.
- The reasons for cesarean delivery most often reported by mothers are having a previous cesarean (39.1% of cesarean deliveries), failed induction of labor (20.6%), and labor taking too long (17.1%; Figure 2).
- Wanting to schedule delivery (4.7%) and not wanting a vaginal delivery (0.9%) were the least commonly reported reasons for having a cesarean delivery. Nearly all women stating one of these two reasons also gave another reason for having a cesarean delivery.



South Carolina Department of Health and Environmental Control

Data Source:

Division of Biostatistics, Pregnancy Risk Assessment Monitoring System–S.C. Department of Health and Environmental Control.

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